

**Application Data Sheet**

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHODS OF TREATING MICROBIAL INFECTIONS IN HUMANS AND ANIMALS
Attorney Docket Number::	029869.00001-US01
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Craig
Middle Name::	A.
Family Name::	Townsend
City of Residence::	Baltimore
State or Province of Residence::	MD
Country of Residence::	US
Street of mailing address::	Department of Chemistry Johns Hopkins University; 3400 N. Charles Street
City of mailing address::	Baltimore

State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 21218

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: James  
Middle Name:: D.  
Family Name:: Dick  
City of Residence:: Baltimore  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: Johns Hopkins Hospital  
Meyer B1-193; 600 N. Wolfe Street  
City of mailing address:: Baltimore  
State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 21287

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Nicole  
Middle Name:: M.  
Family Name:: Parrish  
City of Residence:: Ellicott City  
State or Province of Residence:: MD  
Country of Residence:: US  
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City of mailing address:: Ellicott City  
State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 21042

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Minerva  
Middle Name:: Amorette  
Family Name:: Hughes  
City of Residence:: Baltimore  
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Country of Residence:: US  
Street of mailing address:: #2-1 Sharondale Way  
City of mailing address:: Baltimore  
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**Correspondence Information**

Correspondence Customer Number:: 26853

**Representative Information**

Representative Customer Number:: 26853

**Domestic Priority Information**

60/394,573	07/09/02
PCT/US2003/021469	07/09/03

**Assignee Information**

Assignee name:: FASgen, LLC  
Street of mailing address:: Bayview Medical Campus  
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State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 21224

Assignee name:: Johns Hopkins University  
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